### **Application Data Sheet**

### **Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: 1647

CD-ROM or CD-R?:: None

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: No

Title:: NOVEL GLYCOPROTEINS AND

METHODS OF USE THEREOF

Attorney Docket Number:: SNI-002CN3

Request for Early Publication?:: No

Request for Non-Publication?:: No

Total Drawing Sheets:: 45

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Deceased

Given Name:: Nabil

Family Name:: EL TAYAR

City of Residence:: Milton

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 143 Gerald Road

City of mailing address:: Milton

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 02186

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Robert

Middle Name:: K.

Family Name:: CAMPBELL

City of Residence:: Wrentham

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 25 Meadowbrook Drive

City of mailing address:: Wrentham

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 02093

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Christie

Middle Name:: A.

Family Name:: KELTON

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 4 Valentine Road

City of mailing address:: Hopkinton

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 01748

Applicant Authority Type:: Inventor

Primary Citizenship Country:: China

Status:: Full Capacity

Given Name:: Chaomei

Page # 2 Initial 03/25/04

Family Name::

ΗE

City of Residence::

Hopkinton

State or Province of Residence::

MA

Country of Residence::

US

Street of mailing address::

4 Valentine Road

City of mailing address::

Hopkinton

State or Province of mailing address::

MA

Postal or Zip Code of mailing address::

01748

# **Correspondence Information**

Correspondence Customer Number::

00959

## **Representative Information**

Representative Customer Number::

00959

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
To be assigned	Continuation of	10/457,047	06/05/03
10/457047	Continuation of	10/360149	02/06/03
10/360149	Continuation of	09/927876	08/10/01
09/927876	An application claiming the benefit under 35 USC 119(e)	60/225035	08/11/00
09/927876	Continuation of	09/851465	05/08/01
09/851465	An application claiming the benefit under 35 USC 119(e)	60/202724	05/08/00